

<i>SERFF Tracking Number:</i>	<i>MEAD-125484906</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Star Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>STAR-AR-GEN-0208</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
<i>Product Name:</i>	<i>Revised PC NO 06</i>		
<i>Project Name/Number:</i>	<i>/Star-AR-GEN-0208</i>		

Filing at a Glance

Company: Star Insurance Company	SERFF Tr Num: MEAD-125484906	State: Arkansas
Product Name: Revised PC NO 06	SERFF Status: Closed	State Tr Num: EFT \$50
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability		
Sub-TOI: 05.0003 Commercial Package	Co Tr Num: STAR-AR-GEN-0208	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Amanda Webster	Disposition Date: 02/25/2008
	Date Submitted: 02/14/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal): 01/01/2008
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number: Star-AR-GEN-0208	Domicile Status Comments:
Reference Organization: ISO	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 02/25/2008	
State Status Changed: 02/25/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Star Insurance Company is licensed and authorized to write commercial lines insurance in your state, and is a member of the Insurance Services Office (ISO) which files its forms on our behalf.	

We submit the enclosed form PC NO 06 0108 (Policyholder Disclosure Notice Terrorism Insurance Coverage),

<i>SERFF Tracking Number:</i>	<i>MEAD-125484906</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Star Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>STAR-AR-GEN-0208</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Revised PC NO 06</i>		
<i>Project Name/Number:</i>	<i>/Star-AR-GEN-0208</i>		

proposing that it replace the previously filed edition. This filing is independent and not a reference filing. Please see the following Explanatory Memorandum for details of revisions. The form revisions were made necessary due to the federal extension of the Terrorism Risk Insurance Act. There is no associated rate impact or rate change or rules filing at this time, and the form (a disclosure notice) compliments but does not expand or restrict policy coverage.

EXPLANATORY MEMORANDUM

FORM NUMBER: REPLACES:

PC NO 06 0108 PC NO 06 0206

FORM TITLE, Policyholder Disclosure Notice Terrorism Insurance Coverage

COMMENTS – This form is the NAIC Model Disclosure for the election or declination of the terrorism coverage and premium charge under the new TRIPRA of 2007 extension of the Terrorism Risk Insurance Act. Changes to the earlier edition follow the NAIC model which: (1) deletes “certified under the Act” with “as amended” (2) deletes “acting on or behalf of foreign person or interest” making TRIA apply to domestic acts as well, (3) deletes the set percentages of federal for the years 2006 and 2007 and replaces them with “generally reimburses 85%”, (4) deletes the entire third paragraph about the insured having 20 days to elect or reject and replaces it with info on the federal backup and the \$100 billion cap. Other minor changes per NAIC form.

Company and Contact

Filing Contact Information

Amanda Webster, Compliance Analyst
26255 American Drive
Southfield, MI 48034

awebster@meadowbrook.com
(248) 204-8594 [Phone]
(248) 358-1614[FAX]

Filing Company Information

Star Insurance Company
26255 American Drive

Southfield, MI 48034
(248) 358-1100 ext. [Phone]

CoCode: 18023
Group Code: 748

Group Name: Meadowbrook
FEIN Number: 38-2626205

State of Domicile: Michigan
Company Type: property and
casualty
State ID Number:

Filing Fees

SERFF Tracking Number: MEAD-125484906 State: Arkansas
Filing Company: Star Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: STAR-AR-GEN-0208
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Revised PC N0 06
Project Name/Number: /Star-AR-GEN-0208

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: one form filing = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Star Insurance Company	\$50.00	02/14/2008	17976841

SERFF Tracking Number:	MEAD-125484906	State:	Arkansas
Filing Company:	Star Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	STAR-AR-GEN-0208		
TOI:	05.0 Commercial Multi-Peril - Liability & Non-Sub-TOI:		05.0003 Commercial Package Liability
Product Name:	Revised PC N0 06		
Project Name/Number:	/Star-AR-GEN-0208		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/25/2008	02/25/2008

<i>SERFF Tracking Number:</i>	<i>MEAD-125484906</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Star Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>STAR-AR-GEN-0208</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Revised PC N0 06</i>		
<i>Project Name/Number:</i>	<i>/Star-AR-GEN-0208</i>		

Disposition

Disposition Date: 02/25/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MEAD-125484906 State: Arkansas

Filing Company: Star Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: STAR-AR-GEN-0208

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: Revised PC N0 06

Project Name/Number: /Star-AR-GEN-0208

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	POLICYHOLDER DISCLOSURE	Approved	Yes
Form	NOTICE TERRORISM INSURANCE		
	COVERAGE		

SERFF Tracking Number: MEAD-125484906 State: Arkansas

Filing Company: Star Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: STAR-AR-GEN-0208

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: Revised PC NO 06

Project Name/Number: /Star-AR-GEN-0208

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	POLICYHOLDER DISCLOSURE NOTICE TERRORISM INSURANCE COVERAGE	PC NO 06 0108		Disclosure/ Replaced Notice	Replaced Form #:0.00 PC NO 06 0206 Previous Filing #:		PC NO 06 0108.pdf

**POLICYHOLDER DISCLOSURE
NOTICE TERRORISM INSURANCE COVERAGE
ELECTION - REJECTION**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury — in concurrence with the Secretary of State, and the Attorney General of the United States — to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U. S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase Terrorism coverage for a prospective premium of \$ ____.
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date

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<i>Company Tracking Number:</i>	<i>STAR-AR-GEN-0208</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Revised PC N0 06</i>		
<i>Project Name/Number:</i>	<i>/Star-AR-GEN-0208</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	MEAD-125484906	State:	Arkansas
Filing Company:	Star Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	STAR-AR-GEN-0208		
TOI:	05.0 Commercial Multi-Peril - Liability & Non-Sub-TOI:		05.0003 Commercial Package Liability
Product Name:	Revised PC N0 06		
Project Name/Number:	/Star-AR-GEN-0208		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	02/25/2008
Comments:				
Attachment:				
Transmittal.pdf				

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div>New Business</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Renewal Business</div> <div></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Meadowbrook Insurance Group	0748

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Star Insurance Company	MI	18023	38-2626205	N/A

5. Company Tracking Number	Star-AR-GEN-0208
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Amanda Webster	Compliance Analyst	(800) 482-2726 ext 8594 or (248) 204-8594	248-358-1614	Awebster@Meadowbrook.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Amanda Webster

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Multi Peril
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	General Use
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rule <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/08 Renewal: 01/01/08
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	
18. Company's Date of Filing	02/14/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	Star-AR-GEN-0208
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: EFT
Amount: 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	Star-AR-GEN-0208			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	POLICYHOLDER DISCLOSURE NOTICE TERRORISM INSURANCE COVERAGE	PC NO 06 0108	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PC NO 06 0206	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
06			<input type="checkbox"/> Star-AR-GEN-0208 <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	

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